FIL	.ED
IN THE UNITED STATES BANKRUPTCY COL FOR THE DISTRICT OF DELAWARD 0	PM 12: 1.c

In re:	}	CISTRICT OF DET COURT
CHICKEN SOUP FOR THE SOUL	}	Case No.: 24-11442 (MFW)
ENTERTAINMENT, INC., et al.,	} }	Jointly Administered
Debtors.	}	

NOTICE OF APPEAL TO DISTRICT COURT PROVIDED PURSUANT TO FRBP 8002

TO THE HONORABLE COURT:

- 1. COMES NOW admitted (without objection) party in interest Charles Muszynski, pro se, ("Movant") and pursuant to FRBP 8002 provides notice of appeal after the court's decision in the 8 January 2025 hearing held at 2:00 before Judge Mary Walwrath in the above-captioned action and before entry of an order, such that this notice will be treated as filed on the date of, and after entry of said Order.
- 2. Movant's signed, Form 17(a), Notice of Appeal and Statement of Election is attached as "Exhibit 1".
- 3. Movant's signed, Application To Proceed In District Court Without Prepaying Fees Or Costs (Long Form) is attached as "Exhibit 2".

RESPECTFULLY SUBMITTED, 10 January 2025 and signed in the Federation of St. Christopher and Nevis.

Charles Muszynski, pro

usfilefolder@protonmail.com

P. O. Box 1423

Basseterre

St. Kitts and Nevis

West Indies

1-424-333-0569

CERTIFICATE OF SERVICE

The undersigned states service herein was provided upon the parties/entities related to the proceedings above by way of the Court's CM/ECF system on the date he submitted the filing below and subsequent to courier delivery at the Court's physical location in Wilmington, DE.

10 January 2025

Respectfully submitted,

Charles Muszynski, pro se

usfilefolder@protonmail.com

P. O. Box 1423

Basseterre

St. Kitts and Nevis

West Indies

EXHIBIT 1 Form 17(a), Notice of Appeal and Statement of Election

Official Form 17A (12/14)

[Caption as in Form 16A, 16B, or 16D, as appropriate]

NOTICE OF APPEAL AND STATEMENT OF ELECTION

Part 1: Identify the	appellant(s)		
Name(s) of app Charles Muszyr			·
Position of appear	ellant(s) in the adversary	proceeding or	bankruptcy case that is the subject of this
	an adversary proceeding	For app adversa	eals in a bankruptcy case and not in an ry proceeding.
☐ Defendant		☐ Debto	
Other (describe	Trustee		
(Bankr. D. Utah 1985), aff'd, 75			and future creditor see In re Roberts, 46 B.R. 815, 827 roup, Inc., 140 F.3d 463, 477 (3d Cir. 1998).
Part 2: Identify the	subject of this app	<u>eal</u>	
1. Describe the jud	dgment, order, or decree	appealed fror	n:
2. State the date of	on which the judgment, or	der, or decre	e was entered:
Part 3: Identify th	<u>ie other parties to tl</u>	ne appeal	
List the names of all par and telephone numbers	ties to the judgment, order of their attorneys (attach	er, or decree a additional pa	appealed from and the names, addresses, ges if necessary):
1. Party: Trustee	George Miller, CPA	Attorney:	John T. Carroll, III (No. 4060) Simon E. Fraser (No. 5335) 1201 N. Market Street Suite 1001 Wilmington, DE 19801 Tel: (302) 295-2000 jcarroll@cozen.com
2. Party:	Attorney:		

Official Form 17A (12/14)

Part 4: Optional election to have appeal heard by District Court (applicable only in certain districts)

If a Bankruptcy Appellate Panel is available in this judicial district, the Bankruptcy Appellate Panel will hear this appeal unless, pursuant to 28 U.S.C. § 158(c)(1), a party elects to have the appeal heard by the United States District Court. If an appellant filing this notice wishes to have the appeal heard by the United States District Court, check below. Do not check the box if the appellant wishes the Bankruptcy Appellate Panel to hear the appeal.

X Appellant(s) elect to have the appeal heard by the United States District Court rather than by the Bankruptcy Appellate Panel.

Part 5: Sign below

Charles Muszynski, pro seusfilefolder@protonmail.com

P. O. Box 1423

Basseterre

St. Kitts and Nevis

West Indies

1-424-333-0569

Date: 10 January 2025

Fee waiver notice: If appellant is a child support creditor or its representative and appellant has filed the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.

EXHIBIT 2 SIGNED INDIGENCY APPLICATION FOR WAIVER OF FEES

AO 239 (Rev. 01/15) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

UNITED STATES DISTRICT COURT

for the
District of Delaware

Charles Muszynski)	
Plaintiff/Petitioner)	Civil Action No
George Miller, Trustee)	
Defendant/Respondent	·)	

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS (Long Form)

Affidavit in Support of the Application

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Signed:

1.

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly,

sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Date:

Income source	Average monthly income amount during the past 12 months		Income amount expected next month		
	Y	'ou	Spouse	You	Spouse
Employment	\$	0.00	\$	\$	\$
Self-employment	\$	0.00	\$	\$	\$
Income from real property (such as rental income)	\$	0.00	\$	\$	\$
Interest and dividends	\$	0.00	\$	\$	\$
Gifts	\$	0.00	\$	\$	\$
Alimony	\$	0.00	\$	\$	\$
Child support	\$	0.00	\$	\$	\$

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Total monthly income	\$ 3,333.00	\$ 0.00	\$ 0.00	\$ 0.00
Other (specify):	\$ 3,333.00	\$	\$ 	\$
Public-assistance (such as welfare)	\$ 0.00	\$	\$	\$
Unemployment payments	\$ 0.00	\$	\$	\$
Disability (such as social security, insurance payments)	\$ 0.00	\$	\$	\$
Retirement (such as social security, pensions, annuities, insurance)	\$ 0.00	\$	\$ 	\$

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	A	Address	Dates of employment	Gross monthly pay
None		·		\$
				\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
None			\$
			\$
			\$

4.	How much cash do you and your spouse have? \$	100.00
	* · · · · · · · · · · · · · · · · · · ·	n bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
None		\$	\$
		\$	\$
		\$	\$

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Assets owned by you or your spouse		
Home (Value)	\$ 0.00	
Other real estate (Value)	\$ 0.00	
Motor vehicle #1 (Value)	\$ 3,000.00	
Make and year: Porsche 1998		
Model: Boxster		
Registration #: None (Titled in Federation fo St. Christopher and Nevis		
Motor vehicle #2 (Value)	\$	
Make and year:		
Model:		
Registration #:		
Other assets (Value)	\$ 3,000.00	
Other assets (Value)	\$	

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
None	\$	\$
	\$	\$
	s	\$

7. State the persons who rely on you or your spouse for support.

Name (or, if under 18, initials only)	Relationship	Age
None		

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (including lot rented for mobile home) Are real estate taxes included? Yes No Is property insurance included? Yes No	\$ 500.00	0 \$
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 111.00) s
Home maintenance (repairs and upkeep)	\$ 0.00	\$
Food	\$ 1,760.00	\$
Clothing	\$ 50.00	\$
Laundry and dry-cleaning	\$ 0.00	\$
Medical and dental expenses	\$ 700.00	\$
Transportation (not including motor vehicle payments)	\$ 100.00	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ 0.00	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$ 0.00	s
Life:	\$ 0.00	\$
Health:	\$ 0.00	\$
Motor vehicle:	\$ 100.00	\$
Other:	\$ 0.00	\$
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$	\$
nstallment payments		
Motor vehicle:	\$ 0.00	\$
Credit card (name):	\$ 0.00	s
Department store (name):	\$ 0.00	\$
Other:	\$ 0.00	\$
alimony, maintenance, and support paid to others	\$ 0.00	s

AO 239 (Rev. 01/15) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

Regul stateme	lar expenses for operation of business, profession, or farm (attach detailed ent)	\$ 0.00	\$			
Other	(specify):	\$	\$			
	Total monthly expenses:	\$ 3,321.00	\$ 0.00			
9.	Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?					
	Yes No If yes, describe on an attached sheet.					
10.	Have you spent — or will you be spending — any money for expenses or attorney fees in conjunction with lawsuit? Yes No					
	If yes, how much? \$					
11.	Provide any other information that will help explain why you cannot pay Barratrous copyright troll Kerry Culpepper vexatiously opposes my bank obtaining an unargued default in S.D. FL. 2 bankruptcy Trustees list my PROVABLY LIED to obtain the judgment as his E.D. TX Hearing testimoreasons, there may be major changes to monthly expenses and income	the costs of these pruptcy for 3 years aft debt" at: \$471,000,0 ny 22 Aug 2023 proper QUESTION 9 Al	occedings. er fraudulently)00.00. Culpepper oved. For these BOVE.			
12.	Identify the city and state of your legal residence. Church Ground, Nevis, Federation of St. Christopher and Nevis, W.I.					
	Your daytime phone number: (424) 333-0569					
	Your age: 60 Your years of schooling: 16					